

1. Work requester fills out this section.

☐ Standing Work Permit

Requester: Don Lynch	Date: 3/28/2011	Ext.: 2253	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Carter Biggs			Ext.: 7515
Work Control Coordinator: Don Lynch		Start Date: 3/30/2011	Est. End Date: 4/15/2011
Brief Description of Work: Vendor repairs for VTX chiller (repair refrigerant slow leak)			
Building: 1008	Room: RHIC tunnel N&S of PHENIX	Equipment: RPC Scintillators	Service Provider: PHENIX mech. and elec. techs

WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

<b>ES&amp;H ANALYSIS</b>				
<b>Radiation Concerns</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges	<input type="checkbox"/> X-ray Equipment
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group			<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer	
<b>Safety Concerns</b>	<input type="checkbox"/> None	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Transport of Haz/Rad Material	
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Walls
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field*	<input type="checkbox"/> Pressurized Systems
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*
<input type="checkbox"/> Chemicals*	<input checked="" type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation*	<input type="checkbox"/> Vacuum
	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input checked="" type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> Other
* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No for elevated work, yes for ODH				
<b>Environmental Concerns</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.		
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed	
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive	
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical	
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping	
Waste disposition by:			<input type="checkbox"/> Other	
<b>Pollution Prevention (P2)/Waste Minimization Opportunity:</b>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Yes			
<b>FACILITY CONCERNS</b>	<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations	
	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other	
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions		
<b>WORK CONTROLS</b>				
<b>Work Practices</b>				
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)
<input checked="" type="checkbox"/> Back-up Person/Watch (Escort)	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")	
<b>Protective Equipment</b>				
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input checked="" type="checkbox"/> Safety Glasses
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input checked="" type="checkbox"/> Safety Harness
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers	<input checked="" type="checkbox"/> Safety Shoes <input type="checkbox"/> Other
<b>Permits Required (Permits must be valid when job is scheduled.)</b>				
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems		
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No		
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other		
<b>Dosimetry/Monitoring</b>				
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD	
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization	
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O <sub>2</sub> /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input checked="" type="checkbox"/> Other O <sub>2</sub> monitor and escape PAK	
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump		
<b>Training Requirements (List below specific training requirements)</b>				
ODH1, Escape Pak toolkit, ODH medical clearance, PHENIX Awareness, CAD Access, also must had RAD worker 1 or be listed on RPC badge list.				
<b>Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:</b>			<b>If using the permit when all hazard ratings are low, only the following need to sign: ( Although allowed, there is no need to use back of form)</b>	
<b>ES&amp;H Risk Level:</b>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	WCC: _____ Date: _____
<b>Complexity Level:</b>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Service Provider: _____ Date: _____
<b>Work Coordination:</b>	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High	Authorization to start _____ Date: _____
(Departmental Sup/WCC/Designee)				

**3. Both work requester and service provider contribute to work plan** (use attachments for detailed plans)**Work Plan** (procedures, timing, equipment, and personnel availability need to be addressed):

PHENIX techs will reposition and align 4 scintillator "paddle" sensors in the section 7 and 8 RHIC tunnel areas immediately north and south of the PHENIX IR. Details are provided in the attached project description.

Special Working Conditions Required:

No

Operational Limits Imposed: No

Post Work Testing Required: No

Job Safety Analysis Required: ☐ Yes ☒ NoWalkdown Required: ☒ Yes ☐ No**Reviewed by:** Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer				
ES&H Professional				
Other				
Other				
Work Control Coordinator	Don Lynch		20146	
Service Provider				
	Review Done: <input type="checkbox"/> in series	<input type="checkbox"/> team		

**4. Job site personnel fill out this section.**

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).

Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

**5. Departmental Job Supervisor, Work Control Coordinator/Designee**

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name:	Signature:	Life#:	Date:
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**6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required.** ☐ Yes ☐ No

Post Job Review (Fill in names of reviewers)

Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

**7. Worker provides feedback.**

Worker Feedback (use attached sheets as necessary)

a) WCM/WCC: Is any feedback required? ☐ Yes ☐ Nob) Workers: Are there better methods or safer ways to perform this job in the future? ☐ Yes ☐ No**8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)**

Name:	Signature:	Life#:	Date:
Comments:			

# RPC3 Background Attenuation Project

## Attenuation Monitoring

Don Lynch, March 24, 2011

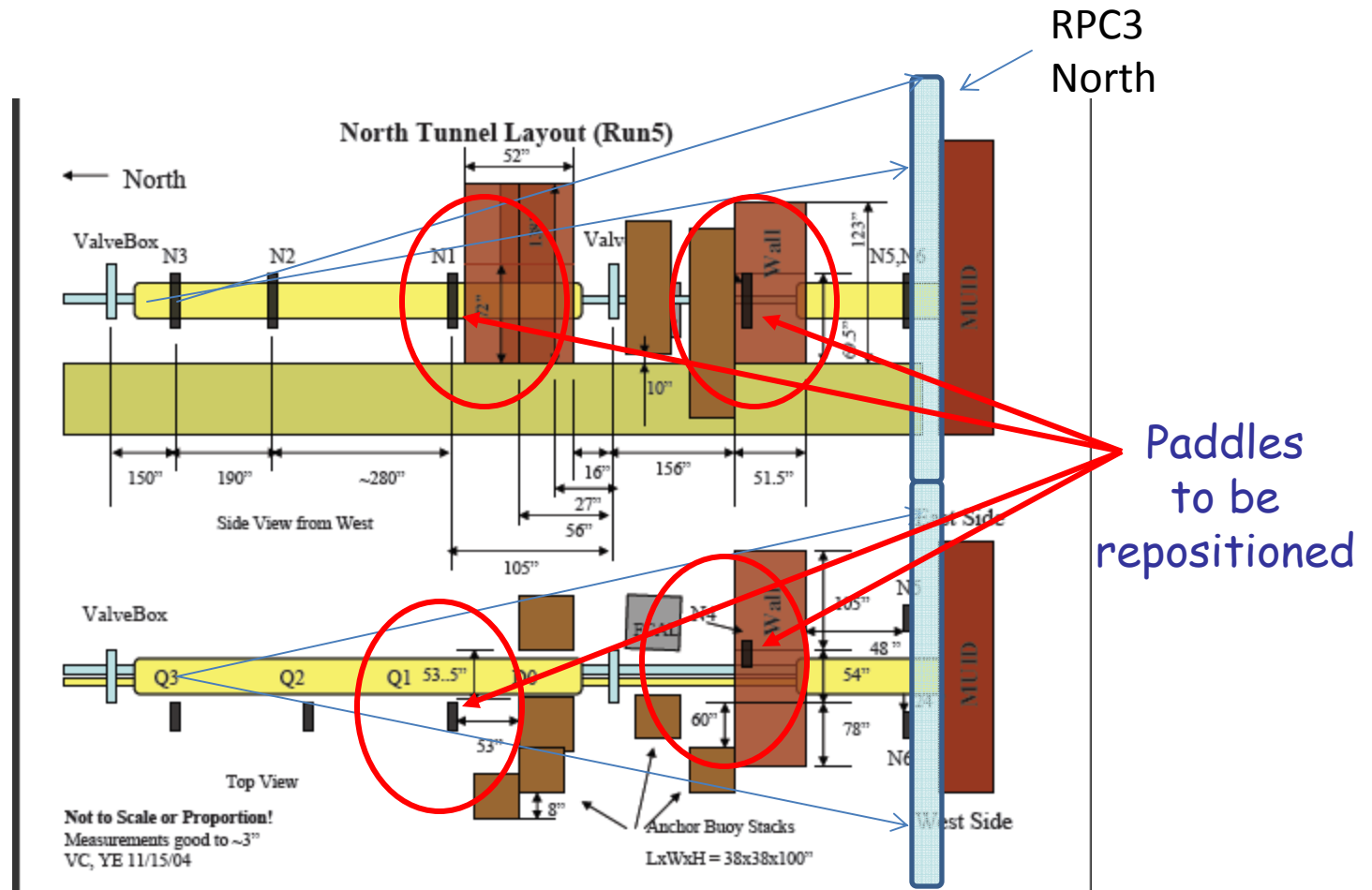
# Introduction

During the current run, the RPC group has had problems with excessive background signals on the new RPC3 north and south detector subsystems at PHENIX. The group has concluded that the background should be mitigated by the addition of concrete and steel shielding in the north and south tunnel between the expected source(s) (Q3 magnets north and south) and the RPC3 detector arrays.

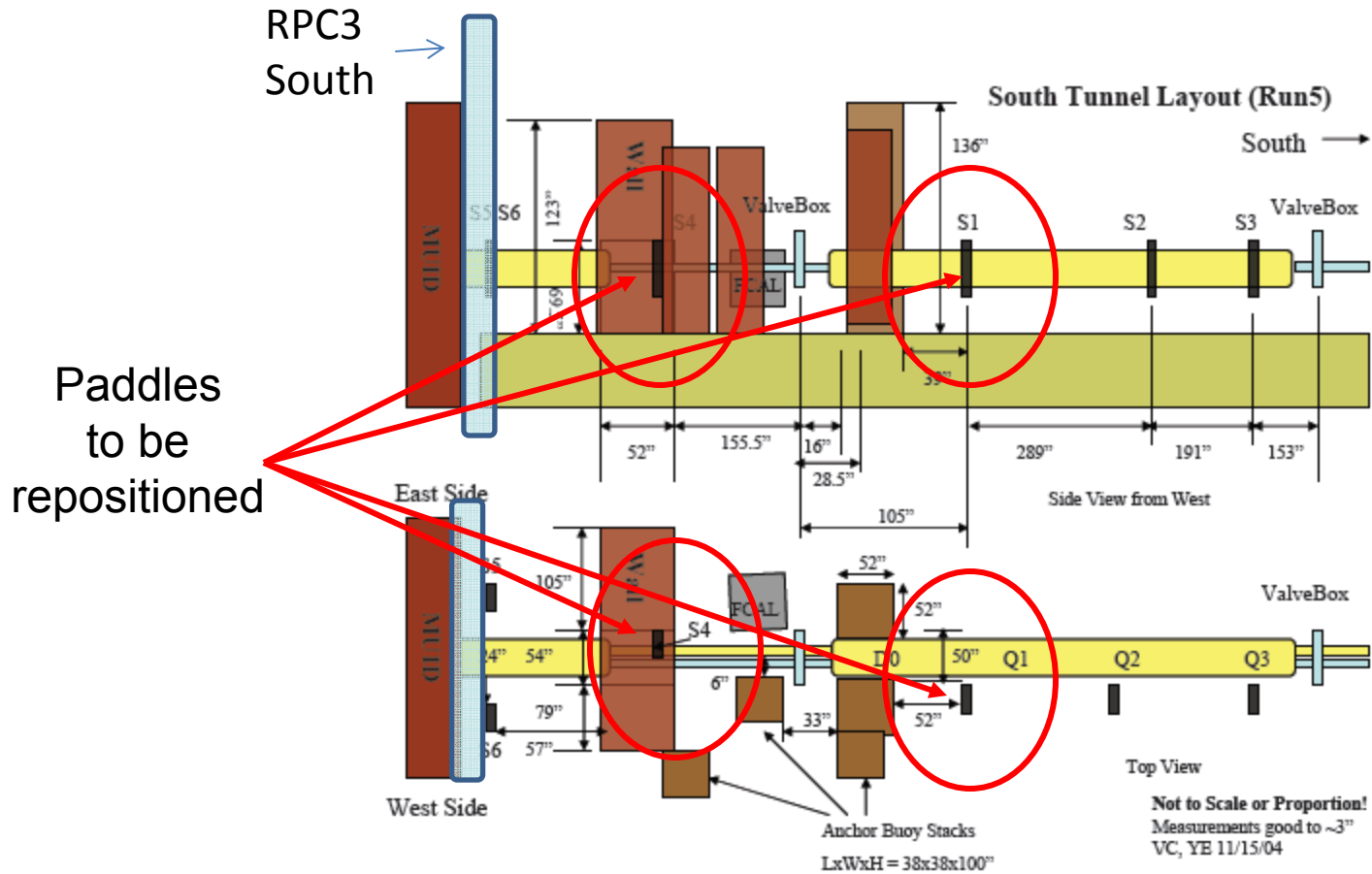
CAD engineers designed and installed shielding per RPC group specifications during recent maintenance access days. To verify the effectiveness of the shielding so installed, the RPC group now proposes to reposition 4 scintillator detectors ("paddles") already installed in the north and south tunnels near the RPC3's to aid in quantifying the performance of the shielding as installed.

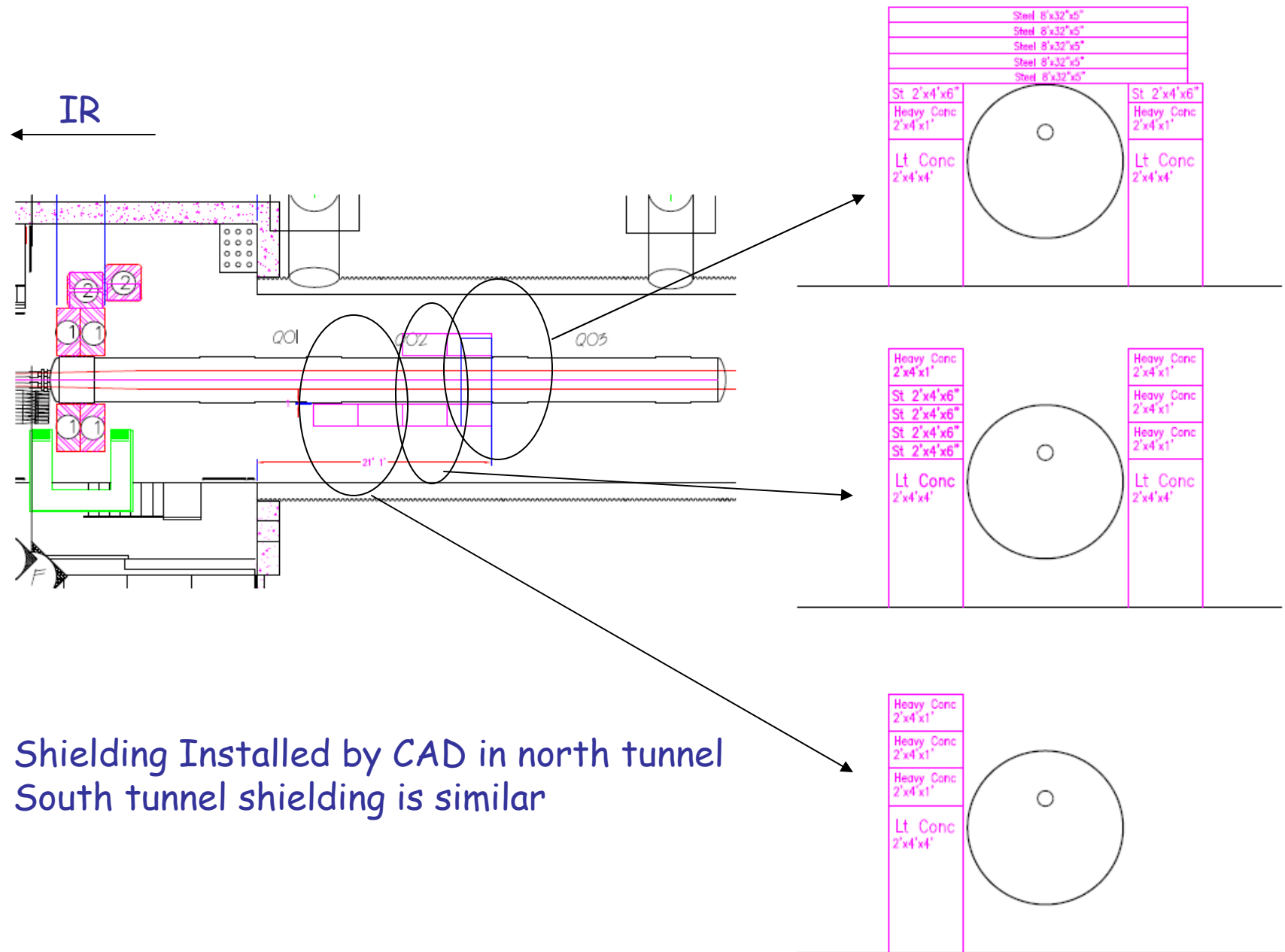
This presentation illustrates the mechanical and electrical efforts proposed to support this repositioning.

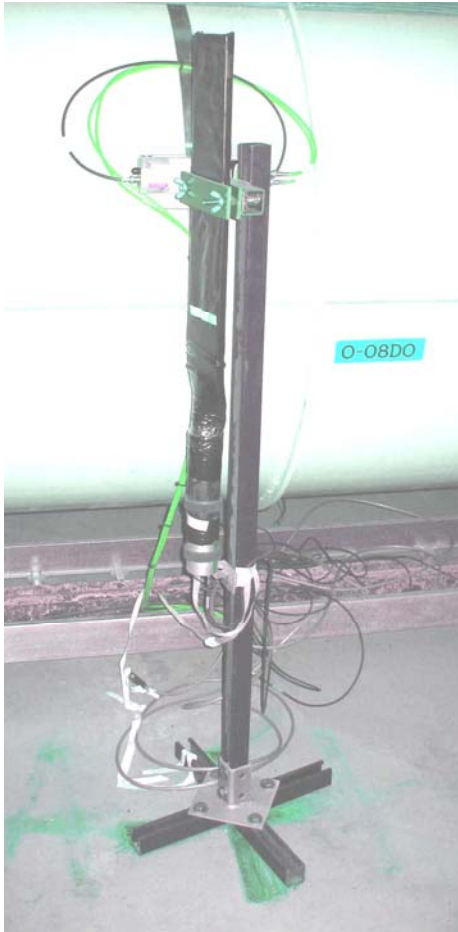
## Approximate North tunnel layout near RPC3N



## Approximate South tunnel layout near RPC3S







## Typical paddle

The paddles are powered by LV from the FCAL rack and have the same Cockroft-Walton (HV generated on the base) as the FCAL. The signal cables are laboratory stock RG58, which is plenum rated.

A typical counter looks like the photograph at right and weighs 5-10 lbs.

The paddles, electronics and cables are already in use in the north and south tunnels, and will simply be repositioned.

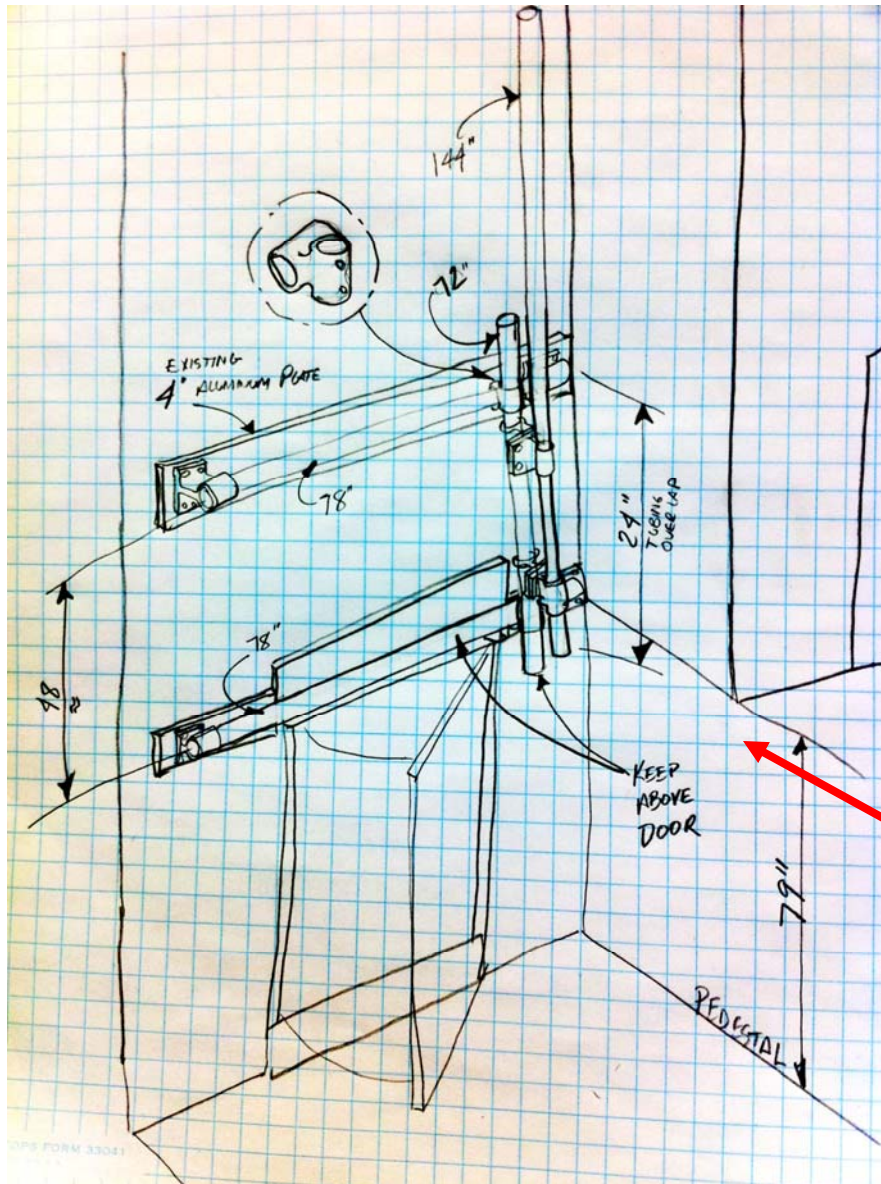


## RPC Scintillator Support

Materials have been procured,

Expect to install during next scheduled maintenance access.

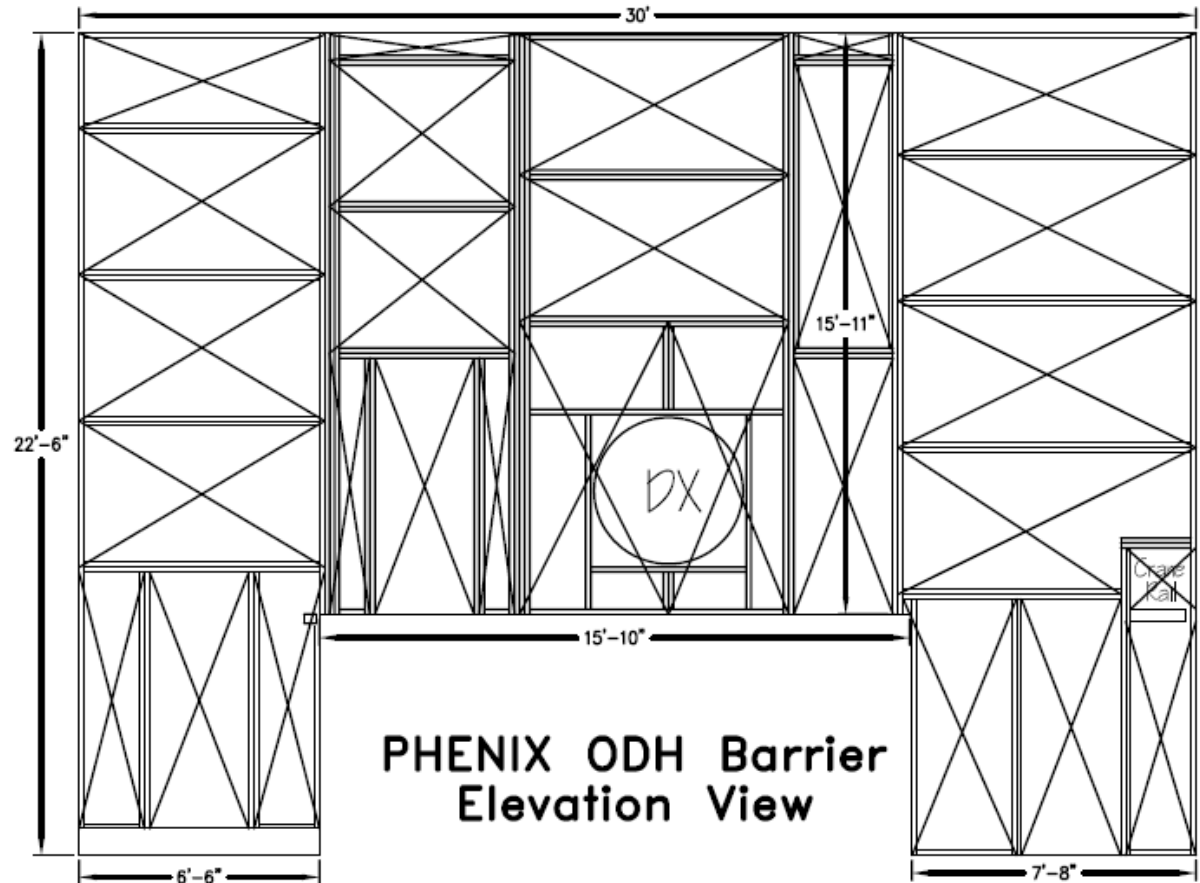
Estimated time to install 4 hours per paddle. Possible to install in parallel, depending on personnel availability.



(Basic support concept,  
implementation will differ in detail)

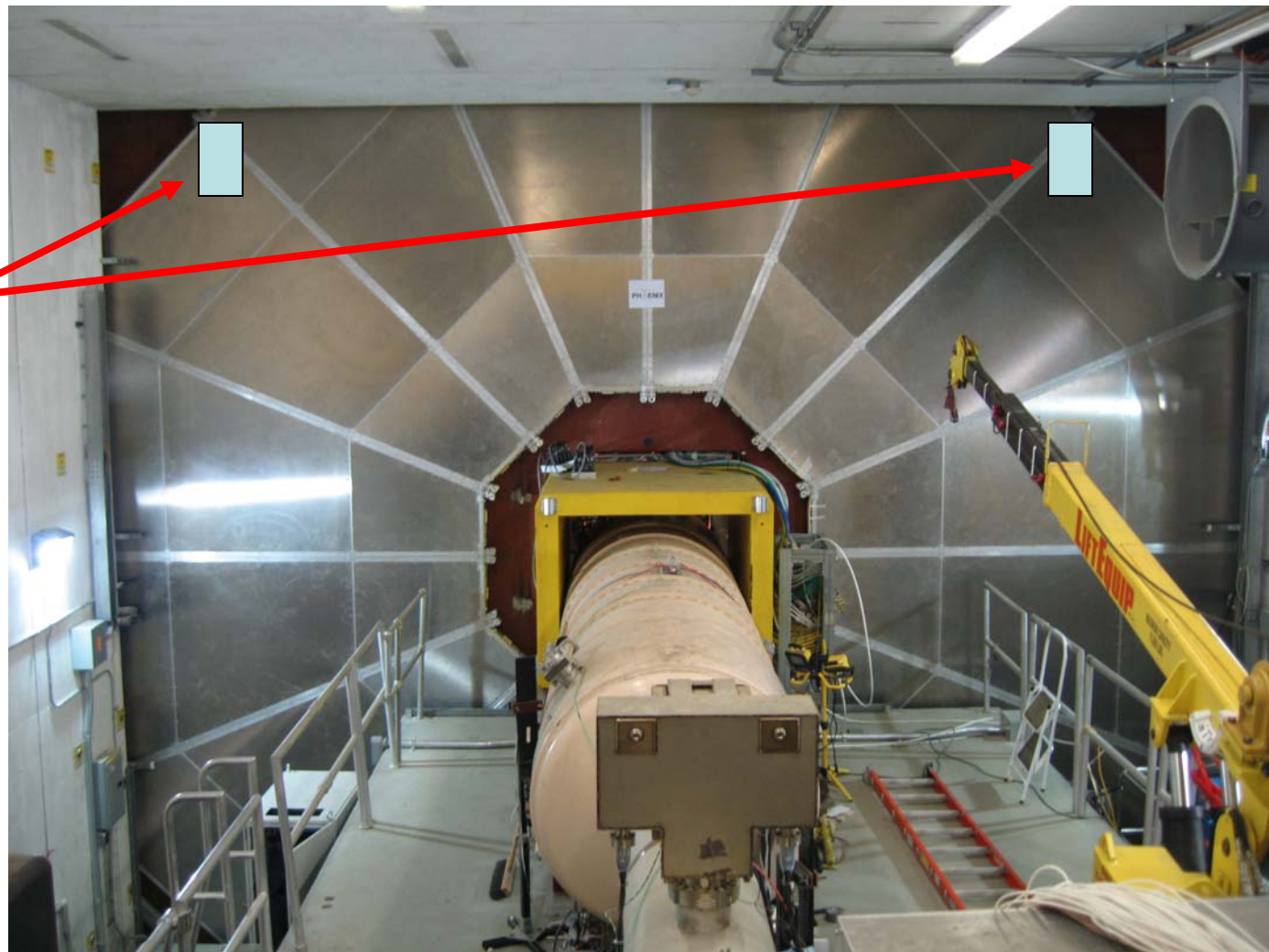
Typical elevation view of RPC Thermal/Vapor barrier. (North tunnel version shown, south tunnel version is similar.) Sections with "X" are foil covered foam walls with double steel unistrut framing.

Mechanical installation plan is to mount 1-1/2" schedule 40 aluminum pipe in 2 horizontal locations to unistrut frame using pipe supports and  $\frac{1}{4}$ " self tapping screws. On each of these pipes will be a double pipeclamp with a swivel connection and locking set screws. These double pipe clamps will have one clamp on the horizontal pipe and the other on another vertical 1-1/2" schedule 40 aluminum pipe onto which a paddle will be mounted.

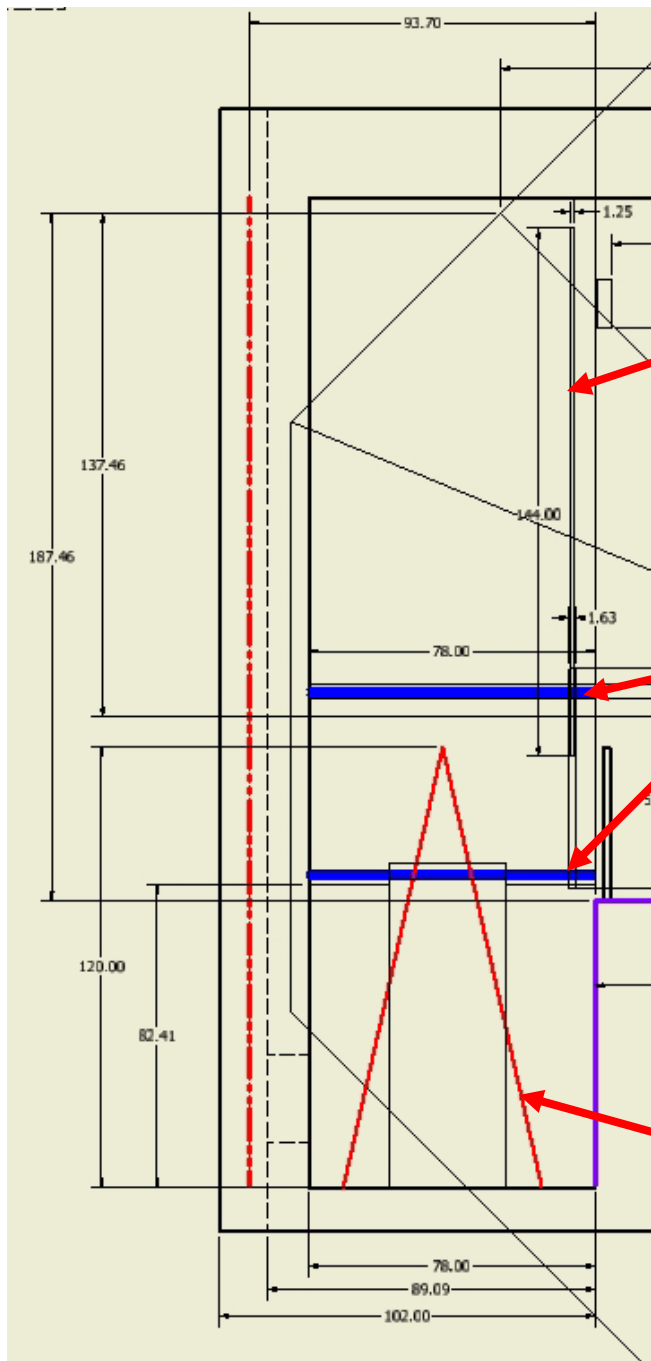


Approximate desired coverage areas for scintillator paddles.

Z position is dependent on the thermal vapor wall z position (which is different from east to west) and line-of-sight source of background. Some trial and error adjustment of east west and vertical locations of scintillator paddles is expected.



RPC3 without thermal vapor barrier, cable trays, etc. (south shown, north is similar)



Vertical pipe with scintillator paddle attached ("flagpole")

Horizontal pipes with double pipe clamps with swivel connection supporting "flagpole".

Horizontal position of scintillator paddle can be adjusted by loosening inner pipe clamps and sliding flagpole east or west. Vertical position of scintillator paddle can be adjusted by loosening outer pipe clamps and sliding flagpole up or down.

Horizontal pipes are mounted and adjustments can be made from a 10 foot step ladder.